Items 13,14 FilmG157 8/12/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07150

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01
STREET ADDRESS (If rural give location) 614 South Monroe St.

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) (Last) Adleman

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 25, 1900

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Bar owner

10b. KIND OF BUSINESS OR INDUSTRY: Bar

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Adleman

14. MOTHER'S MAIDEN NAME: Leah Abrams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute Myocardial failure — Interval Between Onset And Death: 1/2 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Myocardial dilatation and enlargement — months

DUE TO

(260X) (c) Arteriosclerotic cardiovascular disease — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 11 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1953, to July 22, 1953, that I last saw the deceased alive on July 22 1953 and that death occurred at 11:15 A.M. from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Pinel Clinic, Ellicott City, Md DATE SIGNED July 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-23-53 — NAME OF CEMETERY OR CREMATORY Mishkon Israel — LOCATION (City, Town, or County) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 7/23/53 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07151

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — STATE OF MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Emma (Last) Arrington

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 8, 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John R. Robinson

14. MOTHER'S MAIDEN NAME: Catherine Carney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Richard Arrington - Sykesville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause	(a) Mesenteric Thrombosis	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Heart failure	6 months
	(c) DUE TO Arterio Sclerosis	20 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct 51, to 7/20 53, that I last saw the deceased alive on 7/20 53, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE J. W. Hunter (Degree or title) M. D. — ADDRESS Sykesville — DATE SIGNED 7/22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 7-23-53 — **NAME OF CEMETERY OR CREMATORY** Springfield — **LOCATION** (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR 7-23-53 — **REGISTRAR'S SIGNATURE** Alice M. Hobbs

24. FUNERAL DIRECTOR Wm. J. Haight - Sykesville, Md. — **ADDRESS**

Luther H. Haight

RECEIVED
JUL 27 1953
BUREAU V. S.

Items 18&21&Film G156 7-31-53 ams

22

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0GG70

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard 13 — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Ridge — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	E.	BENSON	7-18-		1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	white	married	Apr. 21, 1920	33 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist	Naval Yard	Penna.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Benson	Ann Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
?		John Henderson - Johnstown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

973.1

Immediate cause (a) CARBON MONOXIDE POISONING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) apparently Suicide

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	car	Howard County	Md.	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
7	18	53	m.		pipe leading from exhaust into car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph A. Jachimczyk	M.D.	Assn. Med. Examiner, 700 Fleet St., Balto. 2, Md.	7-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7/22/53	Green Mount Crematory	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-21-53	A. W. Hedrick M.D.	WM. J. TICKNER & SONS	Balto. 17, Md.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07152

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel-Rural — LENGTH OF STAY (In this place) 56yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Wash. Blvd. - Route

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Howard — STATE Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) E. (Last) Frazier
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 6, 1897 | 9. AGE last birthday 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Navy Yard | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jas. F. Frazier | 14. MOTHER'S MAIDEN NAME Kate Stonebumer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | 16. SOCIAL SECURITY NO. 217-26-3374 | 17. INFORMANT Mrs. C. E. Frazier, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull; compound comminuted fracture both ankles. — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

812.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Near Laurel (COUNTY) Howard Co. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) July 18, 1953 1:45 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) Frank Shipley, M.D., acting Dep. Md. Exam. for Howard Co. — ADDRESS Savage, Md. — DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 7/21/53 | NAME OF CEMETERY OR CREMATORY Savage Cemetery | LOCATION (City, town or county) Savage (State) Md.

DATE REC'D BY LOCAL REG. 7/19/53 | REGISTRAR'S SIGNATURE Frank Shipley | 24. FUNERAL DIRECTOR DeWitt Donaldson | ADDRESS Laurel, Md.

RECEIVED
JUL 23 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07153

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16

1. PLACE OF DEATH: COUNTY Howard | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 5 Wks | HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodbine, Md. R F D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Monte | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lester	Leaman	Gregg	July	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 20-1895	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter - Self employed		Maryland	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Gregg	Lonie E Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
/	215-12-0050	Mrs Mary Stobne, Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myelogenous leukemia	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

204.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 3, 1953, to July 10, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: James V. Kerr M.D. (Degree or title) ADDRESS Damascus, Md. DATE SIGNED July 10, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/53	St Paul's	Point of Rocks Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 13-53	C. Pearl Mercer	William B. Hilton Barnesville, Md

RECEIVED
JUL 13 1953
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE
LENGTH OF STAY (In this place): 80 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1709 LEVERING AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE MD
STREET ADDRESS (If rural, give location): 1709 LEVERING AVE

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) ISABELLE (Last) HUDSON

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 1 Dec 1872

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: SCREW FACTORY

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WILLIAM HUDSON

14. MOTHER'S MAIDEN NAME: MARY KAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 216-03-2606

17. INFORMANT AND ADDRESS: MARY E HUBBARD-AUNT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) ARTIEROSCLEROTIC Heart FAILURE — Interval Between Onset and Death: 1 YR

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) GENERALIZED ARTIEROSCLEOSIS

(c) HYPOSTATIC PNEUMONIA

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 JULY, 1953, to 20 JULY, 1953, that I last saw the deceased alive on 20 JULY, 1953, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: George E Gideon (Degree or title) MD ADDRESS: Elkridge md DATE SIGNED: 20 JULY 53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: 7/23/53 | NAME OF CEMETERY OR CREMATORY: [illegible] | LOCATION (City, town, or county) (State): Elkridge, Md

DATE REC'D BY LOCAL REG.: 7-21-53 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR | ADDRESS: [illegible] Main St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterloo, Jessup | LENGTH OF STAY (in this place) 49yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup (rural)
STREET ADDRESS (If rural give location) Waterloo Rd.

3. NAME OF DECEASED: (First) Mrs. (Middle) Frances (Last) Jess
4. DATE OF DEATH: (Month) Jul. (Day) 2nd (Year) 1953

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 6, 1[illegible]C | 9. AGE last birthday: [illegible] yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward H. Jess
14. MOTHER'S MAIDEN NAME: Sallie C. Dixon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Edna Jess, Jessup, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177x
Immediate cause (a) Carcinomatosis Urinary Tract + Spine (lower) — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 53 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma Prostate & involvement Urinary Tract
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) Spine (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? Spinal Cord

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to July 23rd, 1953, that I last saw the deceased alive on 7/23/53, and that death occurred at 3 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Mark Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 7/24/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 25 | NAME OF CEMETERY OR CREMATORY Meadow Ridge | LOCATION (City, town, or county) Jessup (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-29-53 | REGISTRAR'S SIGNATURE Miss E. Reid Williams Registrar 7/28/53
24. FUNERAL DIRECTOR Talbott Donaldson ADDRESS Laurel, Md.

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriottsville rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. 99 500 feet east of Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1838 E. Chase St.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) KINARD (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 7-26-53 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 11 1922

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Kinard

14. MOTHER'S MAIDEN NAME: Addie Lyse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mattie Kinard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull and Intercranial Hemorrhage — Instant

823X

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Highway

(CITY OR TOWN): Marriottsville (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-1953 3.30 PM

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Car overturned into field along side of Highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles E. Whitaker, M.D. (Degree or title) — ADDRESS: Clarksville, Md — DATE SIGNED: 7-26-53

Deputy Medical Examiner of Howard County

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: July 1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Clinton S. C.

DATE REC'D BY LOCAL REG.: 7/27/53 — REGISTRAR'S SIGNATURE: A W Medrick — J C L

24. FUNERAL DIRECTOR: Mrs. Robert A. Elliott & Daughter — ADDRESS: 1129 W. Baltimore St.

U.S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis Jct.; LENGTH OF STAY (In this place): 1 yr. +; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Private Drive - way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis Jct.; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) WILTON (Last) NESSELRODT

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 7 1951

9. AGE last birthday: 1 yrs. If under 1 year: Months 7 Days 1; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Savage, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl P. Nesselrodt

14. MOTHER'S MAIDEN NAME: Alice Catherine Albaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Earl P. Nesselrodt Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Compound fracture of skull with severe crushing injury to brain — Interval between onset and death: instant.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

S31.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Annapolis Jct. (COUNTY): Howard (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-3-53 6 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by auto in drive - way to house

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. Deputy Medical Examiner for Howard County

ADDRESS: Clarksville, Md.

DATE SIGNED: 7-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 10 '53

NAME OF CEMETERY OR CREMATORY: Savage Cemetery

LOCATION (City, town, or county) (State): Savage, Md

DATE REC'D BY LOCAL REGISTRAR: REG. 7/9/53

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: De Witt Donaldson

ADDRESS: Laurel Md

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07158

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawyers Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY H
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Md
STREET ADDRESS (If rural, give location) Lawyers Hill Rd

3. NAME OF DECEASED (Type or Print): (First) Seymour (Middle) M (Last) Payne

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-3

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Country Estate

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Sarah Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Charles W. Payne - 1707 Westwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1117X

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset and Death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19....., to July 10th, 1953, that I last saw the deceased alive on 7/8/53, 19....., and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Bruce Brumbaugh, M.D., ADDRESS Elkridge-27, Md. DATE SIGNED 7/15/53

per Shanks Shipley, M.D., Savage, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/12/53 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county): Balto. — (State): Md.

DATE REC'D BY LOCAL REG.: July 11. 1953 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Samuel W. Sullivan Jr. — ADDRESS: Balto.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07159

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6423 Old Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural give location) 6423 Old Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mrs. Dora Mary Hurdle Schlufter
4. DATE OF DEATH: (Month) (Day) (Year) July 23rd 19 53
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 3, 1884
9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? US.A.
13. FATHER'S NAME: John Dawson Green
14. MOTHER'S MAIDEN NAME: ? Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Edward Hurdle, 1444 Winston Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X Immediate cause (a) Uremia — 5 days

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Nephritis & Cardio-Vascular — 5 years
DUE TO (c) Uremia & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26 1953 to 7/23 1953, that I last saw the deceased alive on 7/23 1953, and that death occurred at 4:55 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Edict W Johnson M.D ADDRESS 3432 Medical Arts Bldg. Mu 29 7100 DATE SIGNED 7/25/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF July 27, 1953
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECD BY LOCAL REGISTRAR 7/27/53
REGISTRAR'S SIGNATURE G. W Kendrick
24. FUNERAL DIRECTOR Leonard J. Ruck
ADDRESS Leonard J. Ruck, 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07169 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shafer's Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
03-52
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) CHARLES (Middle) HENRY (Last) VAN HISE

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Divorced

8. DATE OF BIRTH: 1881

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic

11. BIRTHPLACE (State or foreign country): Beverly, N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Roy Potts, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Benign Prostatic Hypertrophy — 2 months

DUE TO

(c) Arteriosclerotic Heart Disease — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE: Jon R. Kortman — (Degree or title): M.D. — ADDRESS: Ellicott City Md — DATE SIGNED: 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-4-53 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Ilchester, Md.

DATE REC'D BY LOCAL REGISTRAR: July 4, 1953 — REGISTRAR'S SIGNATURE: John B. Laughman. (Pro. B. E. L.)

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbotham, Ellicott City, Md.

RECEIVED
JUL 9 1953
BUREAU V. S.